

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44212

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2850</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>			c. LENGTH OF STAY (If in place) <u>6 hrs</u>		c. CITY OR TOWN <u>Lemay 4000,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 9, Box 538a Christopher Dr</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Mueller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 30 56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 21, 1916</u>		9. AGE (In years last birthday) <u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Charles Mueller</u>			13b. MOTHER'S MAIDEN NAME <u>Anna J. Schnellman</u>			14. NAME OF HUSBAND OR WIFE <u>Anne Mueller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anne Mueller, Rt 9, Box 528a</u>		ADDRESS <u>8164</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRANIO - CEREBRAL INJURY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AUTO ACCIDENT</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>6 HRS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8164</u> <u>-26</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 30 - '56</u> m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Driver of one car involved in collision with another</u>							
22. I hereby certify that I attended the deceased from <u>11:30, 1956</u> , to <u>11:30, 1956</u> , that I last saw the deceased alive on <u>11:30, 1956</u> , and that death occurred at <u>9:40 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. J. Daulack MD</u>				23b. ADDRESS <u>601 So. Brentwood</u>				23c. DATE SIGNED <u>12/3/56</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>12/4/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-3-56</u>		REGISTRAR'S SIGNATURE <u>Rebecca K. Somberg</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co, 7420 Michigan Ave.</u>				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Mich*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.